

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
TRANSCRIPT ORDER FORM

111 First Street  
Bay City, MI 48708

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**Order Party: Name, Address and Telephone Number**

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Phone 616-752-2465  
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**Case/Debtor Name:** City of Detroit, Michigan

**Case Number:** 13-53846

**Chapter:** 9

**Hearing Judge:** Hon. Steven Rhodes

☒ Bankruptcy ☐ Adversary

☐ Appeal Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** 04/11/2014 **Time of Hearing:** 10:00 am **Title of Hearing:** Bench Opinion re motion to Approve Compromise

Please specify portion of hearing requested: ☒ Original/Unredacted ☐ Redacted ☐ Copy (2<sup>nd</sup> Party)

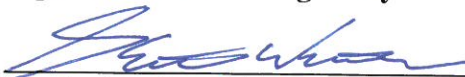
☒ Entire Hearing ☐ Ruling/Opinion of Judge ☐ Testimony of Witness ☐ Other

Special Instructions: \_\_\_\_\_

**Type of Request:**

- ☐ Ordinary Transcript - \$3.65 per page (30 calendar days)  
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**Signature of Ordering Party:**

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By signing, I certify that I will pay all charges upon completion of the transcript request.

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